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|---|-----------|
| Claimant's soc. sec. no. (for i.d. only) | Claim no. |
| Claimant's name (last, first, middle) print or type | |
| Claimant's mailing address | |
| City | State ZIP |
| Pharmacy billing date (mm/dd/yyyy) | |



Instructions for completing Statement for Pharmacy Services form

Types of Insurance

CRIME VICTIMS

Claim numbers are six digits beginning with a "V", or five digits preceded by a "VA, VB, VC, VH, VJ, VK or VL."

Send bills for Crime Victims claims to:

Department of Labor and Industries
Crime Victims Compensation
PO Box 44520
Olympia WA 98504-4520

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits."

Send bills for Industrial Insurance claims to:

Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

SELF-INSURANCE

Claim numbers are six digits beginning with an "S, T or W."

Department of Energy claims are now Self-Insured.

Claim numbers are seven digits beginning with "7, 8 or 9."

Send bills to the employer or their service company.

Pharmacy address changes

PHARMACY NAME AND ADDRESS: If any of this information changes, call 1-800-762-3716 immediately.
(Simply indicating a new address on the bill will not change CVC's record of address for the provider.)

Pharmacy/Prescription Information

CVC PROVIDER NUMBER / NPI: The specific Provider number or NPI issued to the pharmacy.

FEDERAL TAX ID #: IRS (Internal Revenue Service) Federal tax identification number.

REIMBURSE CLAIMANT: Place "X" in applicable box.

S/B (SIDE OF BODY): Designate "L" (left), "R" (right) side of body or "B" (bilateral), to indicate location of injury.

DATE OF INJURY: This is important and must be included. One claimant may have several claims, so it is vital the proper claim be identified and charged for services provided.

QUANTITY: The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., "each", "ml" or "gm".

DISPENSED AS WRITTEN PRODUCT SELECTION CODE:

Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.

Valid values are:

- 0 = No product selection mandated;
- 1 = Substitution not allowed by prescriber;
- 6 = Override for emergency supply - This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.

NATIONAL DRUG CODE:

National drug identification code. This code must be entered in a 5-4-2 format: e.g., if the NDC format listed in your pricing book is 0005-3250-23, enter 00005 3250 23. If the NDC format is 50419 127 12 enter 50419 0127 12.

DUR CODES: Enter the appropriate conflict, intervention and outcome code.

PRESCRIPTION CLARIFICATION CODE: Enter the appropriate value for a refill-too-soon.

TOTAL PRESCRIPTION COSTS: Total charge for the filled prescription. (Drug cost + professional fee + applicable tax - primary insurance write off - primary insurance payment).

REIMBURSE THE CLAIMANT: Signature of pharmacist who supplied the prescription is required.